## AFFIDAVIT OF FACT

STATE OF	
COUNTY OF	
Before me, the undersigned authority in and	d for the State of, on this day personally
appeared	, who, after being by me duly sworn, deposed and
said:	
My name is	I am years of age and my date of birth is
I affirm and attest to the following:	
**	ions Operator position with the Texas Department of Public the CritiCall Public-Safety Dispatcher/Calltaker Pre-
I received no assistance in the completion of Employment Test; doing so from another pe	of the CritiCall Public-Safety Dispatcher/Calltaker Preerson or object constitutes cheating.
	ents to continue in this application process, I will undergo my lack of candor during the application process is
¥ • •	tion and/or permanent disqualification from the TX DPS blication process, I have read the above statement consisting knowledge, and it is true and correct.
	Applicant Signature (Must be signed in the presence of a notary)
Subscribed and sworn to before me, the und A.D	lersigned authority, on this the day of,
	Notary

CO-109 (07/2016)